

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FREEDOM'S DEFENSE FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00401786	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; text-align: center;">M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2016</div>	

Full Name of Payee <b>CONSOLIDATED MAILING SERVICES</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 21 / 2016	
Mailing Address 504 SHAW RD SUITE 206		Amount 17287.55	
City STERLING	State VA	Zip Code 20166	Transaction ID : SE.39805
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 21 / 2016
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		165248.93	

Full Name of Payee <b>DIRECT SUPPORT SERVICES INC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 21 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 401		Amount 16863.18	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.39799
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 21 / 2016
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		146445.92	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	34150.73
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, , ,

[Electronically Filed]

Date

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 10 / 18 / 2016

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 3  
FOR SE OF FORM 24/48

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2016	

Full Name of Payee <b>DONOR BUREAU</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 21 / 2016	
Mailing Address 1900 N CULPEPPER ST		Amount 217.15	
City ARLINGTON	State VA	Zip Code 22207	Transaction ID : SE.39804
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 21 / 2016
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		147961.38	

Full Name of Payee <b>DSSI</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 21 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 401		Amount 1162.31	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.39801
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 21 / 2016
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		147744.23	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1379.46
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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MACKENZIE, SCOTT B, , ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2016	

Full Name of Payee <b>FORTHRIGHT STRATRGIES INC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 21 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 401		Amount 3151.08	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.39798
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 21 / 2016	
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		129582.74	

Full Name of Payee <b>LEGACY LIST MANAGEMENT INC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 21 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 401		Amount 136.00	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.39800
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 21 / 2016	
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		146581.92	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3287.08
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	38817.27

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, , ,

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Signature